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numbers are listed on a

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	uction Act of 1995, no person	Patent and Tradem	ark Office; U.S.	PTO/SB/01 (12-97) rrough 9/30/00. OMB 0651-0032 DEPARTMENT OF COMMERCE of information unless it contains				
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DECLARATION I	First Named Ir		TERRY, et al.					
PATENT AP		С	COMPLETE IF KNOWN					
(37 CFI		Application Number Not Yet Known						
		Filing Date	Not	Yet Known				
Declaration Submitted OR	Declaration Submitted after Initia	al Group Art Unit	Not	Yet Known				
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Nam	e Not	Yet Known				
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: DYNAMIC CHANNEL QUALITY MEASUREMENT PROCEDURE FOR ADAPTIVE MODULATION AND CODING TECHNIQUES the specification of which (Title of the Invention) is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO				
			0000	0000				
Additional foreign applicat	ion numbers are listed on a	supplemental priority dat	a sheet PTO/SB	/02B attached hereto:				
I hereby claim the benefit ur	nder 35 U.S.C. 119(e) of any	United States provisiona						
Application Number(s	(MM/DD/YYYY) 4/2001	Additional provisional applicat						

[Page 1 of 2]
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DECLARATION — Utility or Design Patent Application

	<u> </u>	IIAIIO		- Othit	<u> </u>	DC31	<u> </u>	1 ate	III AP	prication	/[]
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.											
U.:	S. Pare	nt Applicati Numb		PCT Parent				ng Date YYYY)	Pai	rent Patent N <i>(if applicab</i>	
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As a named inv	entor, I h	ereby appoint the	e followi	ing registered pr	actitioner(is application	n and to trans	sact all business	
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	Nam	P	<u></u>	Registered prac	ration	name/regis	stration	Name		Regi	stration
	Name Number Name Number Namely, the Attorneys of Volpe and Koenig, P.C.										
Additional r	egistered	f practitioner(s) r	named c	on supplemental	Registere	d Practition	er Info	rmation she	et PTO/SB/0	2C attached here	eto.
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Gi	ven Nar	ne (first and m	iddle (i	if anyl)				Family	Name or S	Sumame	
		Stephe	ņ E.						TERRY		
Inventor's Signature		1	_	2		-				Date	12/18/0
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Post Office A	ddress	15 Sumi	nit A	venue							
Post Office A	ddress										
City		Northport	State	NY	ZIP		117	68	Country	US	SA
Additional	invento	rs are heing n	amed c	on the 2 cu	nnlement	al Addition	nal la	ventor(s) o	heat(c) DT(0/SB/02A attac	hed hereto

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ADDITIONAL INVENTOR(S) Supplemental Sheet Page _1_ of _2_

Name of Additional Joint Inventor, if ar	ny:	☐ A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Sumame					
Stephen G.		DIC	К					
Inventor's Style (D. W.	7			1	w la Loop			
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Name of Additional Joint Inventor, if ar	ny:		A petition has been filed t	or this	s unsigned inventor			
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Inventor's Signature					Date			
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Mailing Address 239 West Neck Rd.								
Mailing Address								
City Huntington	State NY		ZIP 11743	Co	USA untry			

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ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

			_				
Name of Additional Joint Inventor, if a	ny:			A petition has been file	led for I	this unsigned inventor	
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Stephen G.			DIC	CK			
Inventor's Signature		-	Date				
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City Nesconset	Sta	ate NY	_	ZIP 11767	Count	ry USA	
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Given Name (first and middle [if any])		\prod	Family Nar	me or S	Surname .	
James M.			MILLER				
Inventor's Signature					Date		
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Mailing Address 18 Louisburg Square							
Mailing Address							
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Name of Additional Joint Inventor, if a		1	A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Eldad		1	ZEIRA / 1				
Inventor's Signature						Date 12 20 01	
Residence: City Huntington	State	NY te	Country USA Citizenship USA			Citizenship USA	
Mailing Address 239 West Neck Rd.							
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City Huntington	Stat	e NY		ZIP 11743	\	USA	

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Name of Additional Joint Inventor, if a	A petition has been filed for this unsigned inventor							
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Ariela			ZEI	RA				
Inventor's Signature	_					Date 12/20/01		
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Mailing Address								
City Huntington	Sta	_{te} NY		ZIP 11743	Count	_{ry} USA		
Name of Additional Joint Inventor, if a	ny:			A petition has been	filed for th	is unsigned inventor		
Given Name (first and middle [if any	/])			Family I	Name or S	Surname		
Inventor's Signature						Date		
Residence: City	Sta	ıte],	Country		Citizenship		
Mailing Address								
Mailing Address								
City	Sta	ate	,	ZIP	Cou	intry		
Name of Additional Joint Inventor, if a	ny:	<u> </u>	A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Sumame					
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Inventor's Signature						Date		
Residence: City	Stat	e	Country			Citizenship		
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